

APTA PRIORITIES FOR SUSTAINABLE GROWTH RATE (SGR) REFORM

POSITION

Physical therapists provide critical health care services to beneficiaries under Medicare Part B to help individuals remain in their homes, communities, and society at their highest possible level of function. Outpatient physical therapy services for these beneficiaries are paid according to the Medicare physician fee schedule. Therefore, physical therapists are acutely aware of the threat of annual fee schedule reductions under the flawed sustainable growth rate (SGR) formula, the cost to repeal the SGR, and its impact on beneficiaries' access to health care providers. As such, efforts to repeal or reform the SGR should reflect the role of both physicians and nonphysicians, including physical therapists, for outpatient Medicare services. Congressional action to reform the SGR also should consider permanent repeal and reform of the outpatient therapy cap. APTA believes Congress should pass the bipartisan, bicameral legislation the committees of jurisdiction agreed upon in the 113th Congress.

THERAPY CAP

Since it established the arbitrary cap on Medicare outpatient therapy services as part of 1997's Balanced Budget Act, Congress has acted 12 times to prevent the cap's implementation. This issue has historically moved through Congress along with legislation on the SGR. In the 113th Congress, a permanent solution to the therapy cap was nearly accomplished with provisions to repeal and reform the therapy cap included in Senate SGR legislation. APTA believes it is imperative to provide a long-term solution to the therapy cap in any legislative effort to reform the SGR. Including therapy cap reform in the larger SGR package will ensure that Medicare beneficiaries will continue to have access to medically necessary therapy services. APTA supports the Senate Finance Committee's inclusion of a thoughtful policy to permanently repeal and reform the Medicare therapy cap in its version of this legislation last year. We believe this language should be included in the final SGR package.

ALTERNATIVE PAYMENT FOR OUTPATIENT THERAPY

Recognizing in 1997 that the therapy cap was not a long-term solution, Congress charged the Centers for Medicare and Medicaid Services (CMS) to develop an alternative payment system for outpatient therapy. Aware that CMS had not yet acted on this charge, APTA began leading an effort in 2011 to develop a new payment methodology for these services. APTA has proposed to reform payment for outpatient physical therapy services by transitioning from the current procedural-based payment system to a per-session system that takes into account the severity of a patient's condition and intensity of services required in a session. This type of payment methodology better reflects the professional clinical reasoning and judgment of the physical therapist, improves patient care, and provides policymakers and payers with an accurate payment system that ensures the integrity of medically necessary services. APTA and other stakeholders are currently developing this new methodology through an American Medical Association's Current Procedural Terminology (CPT) workgroup. Portions of the new coding system could be available for use as early as January 1, 2016.

QUALITY REPORTING

We believe the bipartisan bicameral SGR proposal is a positive step toward promoting quality care and establishing more appropriate alternative payment models. The ability for physical therapists to participate in the newly established merit-based incentive payment system (MIPS) is key, as it will allow for positive updates in the future and enable the profession to continue to show the value of physical therapy. Under the current SGR proposals, physical therapists would be eligible to participate in the MIPS program only if given approval by the Secretary of Health and Human Services. As providers who currently report under the Physician Quality Reporting System (PQRS) and will begin participating in the Value-Based Modifier (VM) program starting in 2016, it is imperative that physical therapists be listed as eligible for the MIPS program to ensure continuity in quality reporting.

For more information on APTA priorities, visit APTA's policy center at <http://policy.apta.org>.



FACTS ABOUT PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS



WHO WE ARE

Physical therapists (PTs) are health care professionals who diagnose and treat individuals of all ages, from newborns to the very old, who have medical problems or other health related conditions that limit their ability to move and perform functional activities in their daily lives. PTs also work with individuals to prevent the loss of mobility before it occurs by developing fitness- and wellness-oriented programs for healthier and more active lifestyles.

Physical therapist assistants (PTAs) provide selective physical therapy interventions under the direction and supervision of physical therapists.

WHAT WE DO

PTs examine each individual and develop a plan of care using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. Under the direction and supervision of the PT, PTAs provide selective physical therapy interventions based on the developed plan of care.

WHERE WE PRACTICE

PTs and PTAs provide care for people in a variety of settings, including outpatient clinics or offices; inpatient rehabilitation facilities; skilled nursing, extended care, or subacute facilities; education or research centers; schools; hospices; industrial, workplace, or other occupational environments; and fitness centers and sports training facilities.

EDUCATION & LICENSURE

All PTs must receive a graduate degree from an accredited physical therapist program before taking a national licensure examination that permits them to practice. The majority of programs offer the doctor of physical therapy (DPT) degree. State licensure is required in each state in which a PT practices. PTAs must complete a 2-year associate's degree and are licensed, certified, or registered in most states.

AMERICAN PHYSICAL THERAPY ASSOCIATION

The American Physical Therapy Association (www.apta.org) is a national organization representing more than 90,000 physical therapists, physical therapist assistants, and students nationwide. Its goal is to foster advancements in physical therapist education, practice, and research.

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